MTSU Financial Aid
Satisfactory Academic Progress
Appeal Form

Bring: completed form to Room 210 Student Services and Admissions Center (SSAC)
Mail: MTSU, MT One Stop, SSAC Room 260,1301 E. Main St., Murfreesboro, TN 37132; Fax: (615)898-5167.

Name: (Please print clearly!)_________________________ Student ID: M___ ___ ___ ___ ___ ___ ___
Email Address: ___________________________ Phone: (________) _______ ___ ___ ___ ___

What is the first semester that you wish to receive aid, if your appeal is approved?
☐ Fall 20___ ___ ☐ Spring 20___ ___ ☐ Summer 20___ ___

Are you currently enrolled at MTSU or another school?
☐ Enrolled at MTSU ☐ Enrolled at another school ☐ Not currently enrolled

Please Note: If you are currently enrolled at MTSU or another school, your appeal will not be reviewed until the current semester’s grades have been posted at MTSU and your SAP status has been updated. If you know that you will not meet SAP requirements for the current term and have addressed it in your appeal, please initial here:______.

Required Documents:
According to federal regulations, we can approve an appeal only if you had extenuating personal or medical circumstances which prevented you from meeting SAP. To appeal your suspension, you must provide the following information:

☐ A typed (or neatly hand-written) detailed personal statement explaining why you have not met Satisfactory Academic Progress requirements for each semester in which you did not pass 67%, and what has changed in your situation to allow you to now pass classes.

☐ Enclose supporting documentation from medical doctors, advisors, psychologists, etc., to verify the information included in your personal statement. Failure to provide information may result in your appeal being denied.

Please Note: If you are unsure which semesters to address, it is your responsibility to contact the MT One Stop for more information. If you fail to address any required semesters, your appeal will be denied. Be sure to submit your appeal and all accompanying paperwork at the same time; documentation submitted later may not be considered by the committee.

Please initial:

I understand that I must submit my appeal by a given deadline (typically mid-June for fall, mid-November for spring, and mid-March for summer), if I wish to receive a response in time to pay my bill for the semester. If I submit my appeal after the stated deadline, I will need to pay the minimum balance due out-of-pocket; I may later qualify for a refund if my appeal is approved.

Please be aware that if we become aware of an incident of unreported sexual harassment or sexual violence at MTSU based on the contents of an appeal, we are responsible for reporting it to the appropriate authorities. For more information about Campus Sexual Violence Elimination (SaVE) Act, please go to http://www.mtsu.edu/titleix/.

I understand that I must meet Satisfactory Academic Progress requirements to maintain eligibility for federal aid. If my appeal is approved, I must continue to pass at least 75% of the hours attempted each semester until I am passing the required level of 67% overall.

I understand that my appeal will be denied if I fail to provide a detailed personal statement and documentation to support my appeal.

I verify that all of the above statements and attached documentation are true and accurate.

Student Signature:_________________________________________ Date: ________________